

## General

### Title

Parkinson's disease: percentage of patients with a diagnosis of Parkinson's disease (or caregiver[s], as appropriate) who were counseled about context-specific safety issues appropriate to the patient's stage of disease (e.g., injury prevention, medication management, or driving) at least annually.

### Source(s)

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Cheng EM, Tonn S, Swain-Eng R, Factor SA, Weiner WJ, Bever CT Jr, American Academy of Neurology Parkinson Disease Measure Development Panel. Quality improvement in neurology: AAN Parkinson disease quality measures: report of the Quality Measurement and Reporting Subcommittee of the American Academy of Neurology. *Neurology*. 2010 Nov 30;75(22):2021-7. [PubMed](#)

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients with a diagnosis of Parkinson's disease (or caregiver[s], as appropriate) who were counseled about context-specific safety issues appropriate to the patient's stage of disease (e.g., injury prevention, medication management, or driving) at least annually.

### Rationale

There are several scenarios where safety issues are important in Parkinson's disease (PD). One relates to balance and the risk of falling. Patients with PD need to be counseled regarding the dangers of climbing

on ladders and chairs, climbing and descending stairs, and walking on uneven terrain because of the dangers of falling. Twenty-five percent (25%) of falls result in injury. Medication can cause adverse effects such as orthostasis and excessive daytime sleepiness that result in concerns about safety. Patients need to be counseled on these issues. Patients with PD experience a number of functional difficulties that may affect driving safety. Motor function, visual perceptive activities, reaction time, attention maintenance, sleep disorders, and information processing are all abnormal in patients with PD, which leads to an increase in accidents per mile driven. Dementia is often associated with PD, which adds another dimension to the problem. In the mild-to-moderate stages of dementia, some patients remain competent whereas others are not. Many continue to drive even in advanced stages because of the issue of independence and the social impact of cessation. The responsibility for determining driving competence in early-to-mid-duration patients with PD is the responsibility of patients, families, and physicians. Driving should be discussed with all patients, and referral for a proper driving assessment by an experienced driver rehabilitation specialist should be considered if necessary. Those who continue to drive should be assessed regularly because the disease and its therapies change with time.\*

\*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

If a veteran with PD has newly diagnosed dementia, then the diagnosing physician should advise the patient not drive a motor vehicle or request that the Department of Motor Vehicles (DMV) (or an equivalent agency) retest the patient's ability to drive, or refer the patient to a driver's safety course that includes assessment of driving ability (consistent with state laws). (Cheng et al. #24 [Advising against driving in dementia], 2004)

All veterans with PD should be asked about their ability to operate a motor vehicle. (Cheng et al. #30 [Assessment of driving ability in PD patients], 2004)

All veterans with PD who report excessive daytime sleepiness should be instructed not to drive a motor vehicle. (Cheng et al. #29 [Excessive daytime somnolence and driving restrictions], 2004)

If a veteran with PD or his or her family expresses concern about driving safely, then the clinician should advise the patient not to drive a motor vehicle and/or request the DMV retest the patient's ability to drive, and/or refer the patient to a driver's safety course that includes assessment of driving ability, in accordance with state laws. (Cheng #46 [Actions regarding driving safety concerns])

## Evidence for Rationale

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Cheng EM, Siderowf A, Swaztrauber K, Eisa M, Lee M, Vickrey BG. Development of quality of care indicators for Parkinson's disease. *Mov Disord*. 2004 Feb;19(2):136-50. [48 references] [PubMed](#)

Factor SA, Weiner WJ. Driving. In: Factor SA, Weiner WJ, editor(s). *Parkinson's disease: diagnosis and clinical management*. Second ed. New York (NY): Demos Publishing; 2008. p. 779-90.

## Primary Health Components

Parkinson's disease; patient/caregiver counseling; safety issues appropriate to disease stage (injury prevention, medication management, driving)

## Denominator Description

All patients with a diagnosis of Parkinson's disease (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Patients (or caregiver[s], as appropriate) who were counseled about context-specific safety issues

appropriate to the patient's stage of disease (e.g., injury prevention, medication management, or driving) at least annually (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

Unspecified

### Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

Skilled Nursing Facilities/Nursing Homes

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

## Statement of Acceptable Minimum Sample Size

Does not apply to this measure

## Target Population Age

Unspecified

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Making Care Safer

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Living with Illness

## IOM Domain

Effectiveness

Patient-centeredness

Safety

# Data Collection for the Measure

## Case Finding Period

At least once per year

## Denominator Sampling Frame

Patients associated with provider

## Denominator (Index) Event or Characteristic

Clinical Condition

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

All patients with a diagnosis of Parkinson's disease

### Exclusions

Documentation of medical reason for not counseling the patient (or caregiver[s], as appropriate) about context-specific safety issues appropriate to the patient's stage of disease (e.g., patient is unable to respond and no informant is available)

Note: Refer to the original measure documentation for administrative codes.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Patients (or caregiver[s], as appropriate) who were counseled about context-specific safety issues appropriate to the patient's stage of disease (e.g., injury prevention, medication management, or driving) at least annually

Note: Refer to the original measure documentation for administrative codes.

### Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

### Scoring

Rate/Proportion

### Interpretation of Score

Desired value is a higher score

### Allowance for Patient or Population Factors

not defined yet

### Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Measure #8: Parkinson's disease related safety issues counseling.

### Measure Collection Name

Parkinson's Disease Physician Performance Measurement Set

### Submitter

American Academy of Neurology - Medical Specialty Society

### Developer

American Academy of Neurology - Medical Specialty Society

### Funding Source(s)

## Composition of the Group that Developed the Measure

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*American Neurological Association:* Blair Ford, MD, FAAN

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*Movement Disorder Society:* Daniel Tarsy, MD, FAAN

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*American Academy of Neurology Staff:* Rebecca Swain-Eng, MS; Sarah Tonn, MPH

## Financial Disclosures/Other Potential Conflicts of Interest

Dr. Cheng serves as a consultant for the National Parkinson Foundation and receives research support from the NIH/NINDS (K23NS058571 [PI]), the VA Parkinson's Disease Research, Education, and Clinical Center, the Department of Veterans Affairs, the California Office of Statewide Planning and Development, the National Multiple Sclerosis Society, and the American Heart Association.

Ms. Tonn is a full-time employee of the American Academy of Neurology (AAN) and served as project director for AAN grants from Pfizer Inc. and the CDC.

Ms. Swain-Eng is a full-time employee of the AAN.

Dr. Factor has served on scientific advisory boards for Lundbeck Inc., Allergan, Inc., and UCB; serves as a section editor for *Current Treatment Options in Neurology*; receives royalties from the publication of *Parkinson's Disease Diagnosis and Clinical Management* (Demos, 2008) and *Drug Induced Movement Disorders* (Blackwell Futura, 2005); has given expert testimony, prepared affidavits, and served as a consultant for Boehringer Ingelheim; and receives research support from Teva Pharmaceutical Industries Ltd., Ipsen, UCB, and Schering-Plough Corp.

Dr. Weiner has served on scientific advisory boards for Santhera Pharmaceuticals and Rexahn Pharmaceuticals, Inc.; serves on the editorial boards of *Parkinsonism and Related Disorders* and *Neurological Reviews*, and as Editor of *Treatment Options in Neurology*; receives royalties from the publication of *Neurology for the Non-Neurologist* (6th edition, Kluwer/Lippincott 2010), *Parkinson's Disease: A Complete Guide for Patients and Family* (Hopkins University Press 2nd edition, 2007), and *Handbook of Clinical Neurology Hyperkinetic Disorders* (Elsevier, 2011); has received honoraria from Santhera Pharmaceuticals and Novartis; has received research support from Novartis, Santhera Pharmaceuticals, Boehringer Ingelheim, and has provided expert testimony and served as a subject matter expert in legal proceedings.

Dr. Bever serves on the editorial board of the *MS Quarterly Report*; is listed as a co-inventor on and receives royalties from Abraxis BioScience, Inc. for a pending patent regarding use of hematogenous stem cells in neuronal replacement therapy and gene delivery; receives royalties from the publication of *Ambulatory Medicine* (Lippincott Williams & Wilkins, 7th edition, 2006); and has received research support from the Department of Veterans Affairs and the National MS Society.

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2009 Dec

## Measure Maintenance

This measurement set will be revised periodically with an extensive review every 3 years.

## Date of Next Anticipated Revision

2012 Dec

## Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in April 2016.

## Measure Availability

Source available from the [American Academy of Neurology \(AAN\) Web site](#) .

For more information, contact AAN at 201 Chicago Avenue, Minneapolis, MN 55415; Phone: 800-879-1960; Fax: 612-454-2746; Web site: [www.aan.com](http://www.aan.com) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on December 16, 2011. The information was verified by the measure developer on January 30, 2012.

The information was reaffirmed by the measure developer on April 15, 2016.



## Copyright Statement

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## Production

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